

LOUISVILLE MEDICAL NEWS:

A WEEKLY JOURNAL OF MEDICINE AND SURGERY.

J. W. HOLLAND, A.M., M.D.,
H. A. COTTELL, M.D., } Editors. JOHN P. MORTON & CO., Publishers.

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Vol. XIV.

LOUISVILLE, SEPTEMBER 30, 1882.

No. 14.

J. W. HOLLAND, A. M., M. D., } Editors.
H. A. COTTELL, M. D., }

EDITORIAL CHANGES.

With this issue of the LOUISVILLE MEDICAL NEWS our editorial labors in connection with it are brought to a close. Being called unexpectedly to the work, from active and absorbing duties, by the death of the lamented Cowling, it has not been without much extra labor and some personal sacrifice that we have been able thus far to fulfill the task set before us; and now, additional demands being made upon our time by duties recently assumed, we are compelled to vacate the editorial chair.

An experience of nearly eighteen months in the field of journalism has brought us into relationships with medical literature and medical men which, viewed in the retrospect, awaken nothing but pleasing reflections, and which we can but reluctantly abandon. The only claim we can now put forward is that we have done our work conscientiously and with no motive other than a desire to make the journal of real service to the medical practitioner, maintaining, so far as it has been in our power, the standard of excellence which it had attained under our illustrious predecessors. Whether we have succeeded or failed only our readers can judge.

In taking our leave we heartily thank our subscribers for their liberal support, our contributors for the promptness and fullness with which they have supplied us, unsolicited in most instances, with valuable matter, and our publishers and printers for unvary-

Vol. XIV.—No. 14

ing courtesy, kindness, and timely aid in helping us over many difficulties.

The editorial management of the NEWS will from this date devolve upon Drs. Lunsford P. Yandell and L. S. McMurtry.

Dr. Yandell is widely and favorably known as a medical writer; and, having formerly done substantial service in the cause of medical science and literature as editor of this journal, he requires no introduction to our readers.

Dr. McMurtry, also well known through medical literary work in other fields, comes to the editorship of the NEWS with much promise and no little achievement in this department of labor. A warm supporter of the journal from its start, and a most intimate friend of its eminent founder, it is certain that he has much heart to put into the work.

In saying good-bye to our readers, we are glad to be able to assure those who may not know us personally that we leave the NEWS in the hands of its tried friends, who will not suffer it to lapse from its present place in medical literature while they strive with becoming zeal and ambition to enlarge its scope and influence. To our personal friends we may not unfittingly suggest that by giving the journal further support they will aid a cause in which our best sympathies are enlisted, and help to hold up the hands of two of our most esteemed colleagues and friends.

THE DUTIES OF THE PHYSICIAN.—"Art is long, time is short, opportunity fleeting, experience deceptive, and judgment difficult." Such were the serious reflections of the father

of medicine after he had labored with its problems for many years, and accomplished more than perhaps any man who has since practiced the healing art. In these days, when so many doctors may be found who are little better than professional loafers, so many who discourage the reading of medical works, who express their contempt for original research and scoff at medical journals, regarding the accumulation of money as the only test of professional success, and who depend on their own personal shrewdness and the gullibility of the people at large to excuse the title under which they thrive, the following, relative to the life of Dr. Geo. B. Winston, from the St. Louis Courier of Medicine, is refreshing:

A friend once remarked to him, "Doctor, what necessity is there for this ceaseless labor and study at your time of life?" With a look of astonishment never to be forgotten he replied, "My dear sir, I am under bonds to do it. When I offered my professional services to this community there was an implied covenant on my part that, so far as God gave me strength and ability, I would use them for gathering up and digesting all that has been said or written in regard to the diseases to which human flesh is heir; and if I should lose a patient because of my ignorance of the latest and best experience of others in the treatment of a given case, a just God would hold me responsible for the loss, through inexcusable ignorance, of a precious human life, and punish me accordingly; and whenever I get my consent to be content with present professional attainments, and trust my own personal experience for success, I will withdraw from practice and step from under a weight of honorable obligations which, with my best endeavors to meet them honestly and conscientiously, still sometimes is almost heavier than I can bear."

YELLOW FEVER.

Though waning at Brownsville and Matamoros, yellow fever has spread rapidly during the last week at Pensacola. The total number of cases, from the time since the presence of the disease was acknowledged up to the 18th inst., is two hundred and seventeen, with twenty-nine deaths. In Texas the disease has not spread beyond the line guarded by the Marine Hospital Service;

while upon the Mexican side of the Rio Grande it has traveled up stream as far as Reynosa and Mier. Guards have been placed opposite these points to prevent its introduction into the Texan settlements.

The total number of cases occurring in Brownsville, from the beginning of the epidemic up to September 17th, is officially reported at 1,771; deaths, 94.

By the above it will be seen how much higher the mortality has ranged in Pensacola than in Brownsville. The fever in each place is probably of a distinct type, and the difference in degree of virulence may be accounted for by the disease having been introduced into each town from widely distant sources of infection; the original fever being mild in the country from which it was carried into Matamoros and Brownsville, and virulent in the locality from which it was brought to Pensacola.

Theories of origin aside, there is no question of the value of depopulation and quarantine so far as the present epidemic is concerned. Hundreds of the inhabitants have found safety in flight. The garrison of Ft. Brown, by moving several miles up the Rio Grande, have escaped infection. The U. S. soldiers and marines at Pensacola embarked for Mount Vernon Barracks, Alabama, on the day after the presence of the fever was officially promulgated, and are safe. The navy-yard quarantined against the city, and late advices from Surgeon A. M. Owens, U. S. N., show the quarantine to be effective. Up to the date of going to press there is no account of any case outside of a limited area of country around the places first infected.

DARWIN'S STATUE.—Twelve thousand five hundred dollars have been already collected for the marble statue of Darwin, to be erected in the British Museum.

A FEW deaths from enteric fever have occurred among the British sailors and marines at Alexandria and Malta.

MISCELLANY.

POPULAR MEDICATION.—The epidemic of "St. Jacob's Oil," from which this whole country has been suffering for some time past, and which more recently attacked this locality, deserves a little variation in the mode by which the oil is advertised. In this vicinity the epidemic has been very severe in character, but in its onset it has not varied from the usual type in its spread. Commencing in the newspapers, it rapidly spread to the fences and dead walls of all the streets, and thence infected the passers-by. So virulent was the attack that common rumor has it that, through an expenditure of some four hundred thousand dollars in advertising, the whole country is now suffering at the rate of about forty thousand dollars a week of total sales. If this be true, or anywhere near the truth, the latter sum forms a very respectable item in the interest account of the national debt to the patent medicine business—a branch of mercantile enterprise exceeded by none.

It is estimated on a basis that can hardly be called statistical, though it may be reasonable and probable, that the people of this country consume between five and six times more medicine per capita than any other nation of the world, and yet the people are taxed for it in such a way that they hardly seem to feel it; or rather, the quack-medicine tax is so much better managed than the spirit and tobacco taxes, that it does not cost any thing like as much to collect it. A very interesting question in political economy is, how much better off would the nation be if these taxes were saved by the cure of these mild but not harmless forms of insanity which cause the irrational use or abuse of patent medicines, spirits, and tobacco? Suppose there were only fifty patent medicines, with an aggregate sale of twenty thousand dollars a week each. That would be a million dollars a week, or fifty-two millions of dollars a year; and this sum, if capitalized at four per cent per annum, would represent thirteen hundred millions of dollars.

"St. Jacob's Oil" appears to be a feeble and badly-made aconite liniment, and it consists mainly of water, ether, alcohol, turpentine, and a small proportion of aconite, with red coloring-matter. Its whole function is to make money for the enterprising merchants who own it, and in this it is by no means a delusion or a snare. Its enormous sale is not only of great service in help-

ing the poor to stay poor, but it also relieves a great many people of their money who are not poor in any thing but common sense, and who take their medicines as they do most of their other deceptions, namely, by being advertised into them, since without advertising not one hundred dollars' worth of St. Jacob's Oil could ever have been sold.
—*Squibb's Ephemeris.*

CHOLERA IN JAPAN, AND THE PHILIPPINES.—We learn from the Medical News of September 23d that recent advices from Japan give the number of cases of cholera in Yokohama from August 10th to 21st as 608, with 357 deaths. Since the beginning of the epidemic there have been 2,801 cases, and 1,719 deaths; a mortality of over sixty-one per cent. The foreign residents continue free from the disease. Other parts of the empire are becoming infected. Osaka, one of the largest cities, has been declared an infected port.

The epidemic in the Philippines, according to the British Medical Journal, is assuming gigantic proportions, four thousand natives in a single province having recently died of cholera. Hitherto the natives only have been attacked, but the deaths of several Europeans are now reported. The government has adopted most stringent measures regarding vessels arriving at Spanish ports from the East.

DIARRHEA FROM BAD WATER.—The British Medical Journal says that at Aldershot there are posted over the different water-taps such notices as these: "This water is for washing only;" "This water is for drinking only." In spite of all warnings the soldiers stationed at this place, when hot and tired, will drink the first water that comes to hand, and as a consequence of this carelessness many of them are now suffering from a severe diarrhea.

WOODEN CLOVES.—The Madras Mail mentions the appearance in the market of artificial cloves, which remind one of the once celebrated wooden nutmegs of Connecticut. They are made of soft deal, stained a dark color, and flavored with oil of cloves. The counterfeit spice is said to have been imported into Zanzibar from the United States.

LADY STRANGFORD, accompanied by several nurses, has left England for Alexandria. She goes out in connection with the charitable enterprise of the Knights of St. John.

THE DANGERS OF CHLOROFORM.—M. Vulpian has been experimenting upon animals with chloroform, and has stated before the French Academy of Medicine that it is liable to cause death at the beginning of its exhibition, during the exhibition, and at its close; and that it occasionally causes death immediately after, or after the lapse of some hours or days. It acts either upon the respiratory centers or on the motor ganglia of the heart. In the latter case resuscitation is rarely accomplished. His experiments also confirm the opinion that ether is much less dangerous to life.—*Medical Gazette*.

TRICHINÆ DESTROYED BY COLD.—Dr. Paul Zibier and Dr. Bouley recently reported the results of numerous experiments with trichinæ to the Société de Biologie. They find that freezing destroys the life of the trichinæ in a very few hours, and the continued action of a moderately low temperature is likewise destructive to these parasites. The experiments were made with American pork and fresh young birds. L. S. O.

TREATMENT OF STILLBORN INFANTS.—The London Medical Record gives an abstract of a report by Dr. Ruzanovsky on this subject. Dr. R. had tried all the usual methods in a case of asphyxia neonatorum unsuccessfully, when he resolved to try hot water, lately recommended by Dr. Le Bon. The infant was immersed in very warm water, leaving free the head alone. One minute afterward—eighty-seven minutes after birth—the first inspiration was made and the child's life was saved.—*Obstet. Gazette*.

THE VACATION OF A SUCCESSFUL PRACTITIONER.—Wife (to a doctor just home from a week's hunting): "Well, James, did you shoot any thing." Doctor (sadly): "No; awfully bad luck; never killed a thing." Wife (who knows him, sweetly): "My dear, you would have done better if you had stayed at home."—*Medical Record*.

A TERRIBLE DEATH happened recently at Walsall, where a youth died in fearful agonies from the effects of having drunk a mixture of nitric acid and mercury in mistake for ginger beer.

ANTIGALACTOPOIETICS.—Dr. Loevenich, in the *Bulletin de Thérapeutique*, says that poultices of parsley leaves, freshly applied three times a day, and poultices of wild pansies are used in Asia with perfect success.

A MARVEL OF SURGERY.—Dr. Roswell Park writes from Prague: "I have had the pleasure of a rather extended interview with a patient whose larynx and epiglottis Prof. Gussenbauer removed over a year ago. Six weeks after the operation he began to wear part of the artificial larynx, and after accustoming himself to this he gradually learned how to introduce and use the reed which takes the place of the vocal cords. The apparatus was made for him by Rothe, who has also done some work for the Reese Hospital. The patient is a riding-teacher, is reputed the best rider in Prague, is busy from morning to night, talking all day, and suffers not the slightest inconvenience or pain. His voice is of course very monotonous, but his enunciation is excellent, his speech perfectly intelligible, and he eats and drinks with perfect facility. Three intra-laryngeal operations had been previously made before Gussenbauer attempted his feat. This case is said to be the best living example of what the art of the surgeon and the mechanician can accomplish for such a terrible disease as cancer of the larynx."—*British Medical Journal*.

DIAGNOSIS OF UTERINE DISEASE BY THE LARYNGOSCOPE.—Dr. Seiler was consulted by a young girl with general relaxation of the mucous membrane of the throat, which he concluded to be due to uterine disease, for which he advised her to put herself under the treatment of her family physician, as local treatment of the throat would be of no use to her. Her reply was, "Doctor, if I had known that you could see all the way down I would not have come to you."—*Maryland Med. Journal*.

An imitation of glycerin has been put upon the French market. It is found to be simply a saturated solution of magnesia sulphate with sufficient glucose to disguise the otherwise bitter taste.—*New England Med. Monthly*.

Fortunately this spurious article may be detected by very simple chemical tests.

DR. LEVINSTEIN, of Schömburg, died on the 7th of August. He was an enlightened psychological physician, and will be remembered for his writings on the form of insanity due to the habitual use of hypodermic injections of morphia.

A new veterinary school will be opened in Harvard University this fall.

Original.

SOME OBSERVATIONS ON EXPRESSION OF THE PLACENTA.

A Criticism of the Crede Method.

BY RUFUS W. GRISWOLD, M.D.

Fashions in dress are not much more changeable than fashions in medicine, nor much more radical in the change. As the baggy sleeve of one period is not merely supplanted, but is wholly suppressed by the skin-tight covering of another, so also, in so far as the fashion of teaching is concerned, the older mode of *extraction* of the placenta after child-birth is supplanted and suppressed by the *expression* of it.

By the term "extraction" here used is meant the procedure of seizing the cord, in proper time after the separation of the child, in one hand, and making gentle traction thereon, while the other hand, or that of an assistant, grasps the uterus, and by pressure and friction thereon stimulates a contraction, and thereby makes the expulsion of the mass from the uterus one partly of uterine pressure and partly of mechanical assistance. By the term "expression" is meant the modern method of seizing the uterine tumor through the abdominal walls, with both hands, and essaying to squeeze out the placental mass by forcible pressure. This latter proceeding, dubbed the *Crede* method, is one now mostly in vogue in the teaching of the text-books, and so presumably in the schools. To such extent has the recommending of this latter method obtained that it is legitimately to be expected the beginner in midwifery practice will be led to place his entire reliance upon it in all removals of the placenta, and, discarding any traction on the cord whatever, will sometimes find that his confidence in it is quite misplaced.

After thirty years' experience of a fair obstetrical practice a man may be pardoned for believing that he understands something of it, despite the theory of authorities contrary to his observation. Actual manipulation hundreds of times repeated leaves such impressions of efficacy and virtue in results as are not likely to be thrown aside as pernicious and wrong simply upon the incoming of a new fashion; and if some faithful trial of the vaunted new method fails to give as satisfactory results as the old ones, one may be justified in putting

himself on paper somewhat deprecatory of the later mode.

I have essayed the practice of the *Crede* method. It is not satisfactory, and in the main in what the books call third stage of labor—that is, the extraction and removal of the placenta. I grasp the extended funis as high up as possible, and, making some gentle traction thereon, at the same time attempt to stimulate contraction of the uterus by outward manipulation with the other hand, and accomplish the removal by the coördination of those two factors. I think that the most satisfactory, the most rational, and the most philosophical way, high authorities to the contrary notwithstanding.

Let us look a little into the *rationale* of the matter.

The womb relieved of the fetus is a jug inverted, the outlet having ordinarily much the smallest diameter of the cavity. The placenta is a pretty nearly solid mass, approximating in size to the capacity of the vessel, and conformed to its ovoid shape, with the funis projecting through its neck. A common-sense consideration of the easiest way to get any semi-solid mass capable of being molded into different shape, and which has a considerably larger diameter above the neck of the bottle than it has at the neck, is to reduce the diameter above by elongating the body of it. This is just what it is expedient to do with the placenta. Some part of what is desirable in this direction is accomplished by the placenta unloading itself of a portion of its fluidity, thus reducing its size but not changing its shape. Traction of the cord does change its shape, increasing its length at the expense of its breadth, and thus reducing the breadth to the capacity of the neck through which it has to pass.* Traction on the cord is still further useful by forcing the depending part of the placenta further and further into the

*An instructive exemplification of this process may be seen in the very interesting way in which the snake contrives to get himself outside the toad, whose circumference and diameter are three or four times his own. The consistence of the toad and his susceptibility to compression in the direction of his breadth, and elongation in the direction of his length, without any sensible reduction in his weight, makes him a very good figure for our illustration. Grasping his victim by the hind feet, which may very fitly represent our funis, his snakeship readily compresses the toad up to the body; but here comes the obstacle. The body, nearly as broad as it is long, must be reduced in its circumference by increasing its length. The same process that engulphs the lower part of the body lengthens out the remainder to a diameter corresponding to the size of the distended jaws, until the whole carcass is passed through the opening. Precisely this process of elongation, which is aided by traction on the cord, is the one thing desirable in the process of getting the placenta outside the uterus. Cut open the snake, put the normal toad in his stomach, and attempt to *express* him out at the neck, and you will have to elongate him to the capacity of the passage through which he has to travel.

neck of the vessel, and thus dilating the neck to the degree necessary for its easier passage. Traction further assists delivery of the mass, when made in connection with a contraction of the womb, in precisely the same manner as traction with the forceps upon the fetus assists the womb in expelling that fetus by contracting upon it. In both cases there is a factor before and a factor behind, one pulling and the other pushing, coördinating and assisting each other in a philosophical mechanical effort toward the accomplishment of the same end. And further, traction at the cord is in many instances an important factor in stimulating uterine contraction by the irritation produced, and so in that direction is highly useful.

Therefore I make use of a moderate degree of traction on the funis, not simply to pull the secundines out of the vagina after their expulsion from the womb, but before that expulsion and as an aid to it.

I think this procedure a philosophical, rational, and common-sense one, and, so far as results have gone under my observation, it is satisfactory. It is not to be understood by this, however, that the placenta is to be dragged out of the uterus by pulling alone, independently of the contraction of the organ. A degree of force sufficient for that is certainly to be deprecated. The point to be attained is, that whereas *without* the aid of the traction two, three, four, or more contractile efforts of the organ, provided you get them, may empty the after-birth into the vagina, one or two *with* the traction will give the same result, with considerably less expenditure of time and also of effort on the part of a patient often enough well fagged out.

It may not be amiss to note further that, in addition to tractile effort on the cord by one hand, it is well to hook a finger into the mass of the placenta as high up as convenient, and above the mouth of the womb, and use gentle force at extraction in that way. This is stated especially for the reason that some modern writers put it down pointedly that it should not be done (see especially Playfair). I beg the privilege of being allowed to differ with the modern writer in this particular.

Now let us consider the Credé method. The essential idea seems to be that the after-birth is to be squeezed out of the womb by the compression of its walls on the inclosed body. I do not undertake to say that this can not be done, even without the aid of

any other potency; but I do say that when it seems to be done without the aid of some other potency, the operator is generally the recipient of a self-deception. When I have hold of a depending funis, using enough power upon it to make it slightly tense, and the uterus contracts forcibly upon the secundines, and they come away, I do not say to myself that I have pulled them away; I recognize the potency of another factor to which my pull has been only a minor aid. So also when I seize the uterus within my two hands through the abdominal walls, and compress it till the organ begins (partly, perhaps, in consequence of the irritation of the pressure, and perhaps quite independent of it), to contract, and the placenta slides out, I do not deceive myself with the idea that it has been *expressed* by my effort, I recognize the fact that it has been *extruded* by the contractile power of the uterus; independent of that contractile power, and by expression *per se* and alone, the placenta is not gotten rid of except from a very flaccid and open-mouthed womb. The effort of expression alone lessens the diameter of the cavity of the uterus from left to right, while it increases it in corresponding degree from anterior to posterior. Pressure upon the fundus on the outside at the same time crowds the entire organ farther into the pelvis, but does not crowd the fundus into the interior of the organ. In other words, this mechanical effort at expression does not lessen the caliber of the cavity of the uterus. It may stimulate muscular contraction. The muscular contraction *does* lessen the caliber of the cavity, and as the caliber is lessened the after-birth slips away. This is the nub of the Credé method, and the Credé method practically amounts to nothing more than the "grasping pressure" recommended by F. Ramsbotham; "grasping the uterus by closing the fingers upon it," as per Dewees; the "pressure of the half-closed hand" of Denman; "grasping and rolling the hand about the uterus," *vide* Blundell; "the occasional friction to the uterus" of Churchill; and the similar advice of most all of the older book-writers. The obstetrician who flatters himself that he expresses out placentas is generally deluded. He is not much less deluded than if, seizing the uterus between his hands before the expulsion of the fetus, and forcibly squeezing it while the woman has the last pain that protrudes the head through the outlet of the vagina, he imagines that his effort has borne the child. And in any possible case where, given a

flaccid womb with a lax and very open os, expression unaccompanied by contraction empties the organ, the condition will be precisely the same as if the after-birth had been pulled away, minus contraction. Neither of these is it well to do until varied other efforts are made to induce "a pain" as the chief factor in unloading the organ. What the judicious varied other efforts may be, it was not a purpose of this paper at its commencement to discuss or to allude to; but I will venture to offer somewhat in regard to one of them, especially for the reason that I see no allusion made to it in medical literature. The point I wish to touch is the efficacy of voluntary effort in expulsion of the placenta.

At some periods in obstetrical discussion the relative virtue of three supposed natural factors in delivery have been considered: First, effort of the child to escape; second, voluntary abdominal and uterine muscular expulsive efforts upon the part of the mother; and third, involuntary contractile effort of the uterus itself. The virtue of the first of these supposed factors was long since left out of the account, and the second has come to be not sufficiently well remembered. The effort expressed by the term "labor" is in too great degree lost sight of. I am not to enlarge, however, upon this point as regards the birth of the child, but in its relation to the expulsion of the after-birth.

In a very large number of cases of delivery, involuntary contraction of the walls of the womb ceases after the birth of the child. These are the cases we are considering. This cessation of contraction, if the patient is left quite to herself, may last ten, twenty, forty minutes, or an hour, five or ten hours, or longer. We have been instructed to *wait*—time indefinite. And if you choose to wait, you may perhaps have to do it but for a few moments, and perhaps for a time as indefinite as the instruction. There is neither necessity nor good in waiting, except in an occasional case where your patient may be so exhausted by her previous efforts as to be quite incapable of making any more; in which condition let her have a brief rest. Do not hurry matters; but, when you have gotten the child out of your way, straighten your patient out so as to bring the abdominal muscles as closely down upon the uterus as practicable. With a bare hand on the bare abdomen get around and hold of the fundus; take the cord in your other hand, well up, twisting it around your fingers to keep it from slipping; put it enough on the

stretch to reduce the diameter of the placenta at the os and to bring the depending part into it; and say to your patient, gently, but as if you expected the proper response from her, "Come, now, give us one more pain, and we will be through," or other words of like import. She will fill her lungs, and, beginning to "bear down," will *originate* a uterine contraction, a voluntary contraction, very readily perceived, and by which, aided by slight traction upon the cord and grasping pressure of the uterus, the placenta will be driven out—not expressed, but expelled; and *that* is the thing desirable. If I have not been deceived by the observations of a thirty years' experience, this voluntary effort has vastly more of virtue and common sense in it than can be found in the vaunted method of Credé, or any other thing similar. A good many years ago (it was while *waiting* on a case for "a pain" to expel the placenta) the woman said, "See; let me blow on the back of my hand;" whereupon, inflating the lungs to a full capacity, she began to "bear down" while blowing on her hand, the lips being pressed to it so that no air could escape; and directly the after-birth slid into the vagina. In her mind she attributed the result to the blowing on her hand; but, as a matter of fact, she had instituted a voluntary contraction of the muscular walls of the uterus, and that had driven out the secundines. I have since seen other women "blow on the back of the hand" with the same efficacy.

It is not to be understood that a single voluntary effort of this sort will always procure the contraction, but that it often will. It is not to be understood that the effort, or repeated efforts, will not sometimes quite fail, but that they will frequently succeed. It is not to be understood that, the contraction procured, the placenta will always be cast out by the first closing in of the walls any more than by the first inclosing from an involuntary pain; but that one, two, or more of these solicited and induced contractions will generally result as desired, and that the procedure indicated is one of the most potent factors in the attainment of that desired result. In a case of adherent placenta this stimulated pain is of great service. The work performed by it in separating the adhesion is precisely the same as performed by an involuntary contraction, with this in its favor, that whereas you might wait a long while for the involuntary pain to come, you can often abridge

much time by the procured inclosing of the uterine structure. In cases of retained placenta after abortions, which sometimes give the practitioner a deal of trouble, the severe "bearing-down" effort upon the part of the patient will often materially aid in the removal of the secondary mass.

I am aware that the power of voluntary contraction of the uterus is a matter not only called in question, but by some strenuously denied. I do not propose entering into the discussion of it here, but when, under the conditions we have been considering, one has seen the thing many times, he may be justified in believing that he knows exactly what he is talking about.

ROCKY HILL, CONN.

Reviews.

A Treatise of the Physiological Action of the Sulphate of Quinine. By OTIS FREDERICK MANSON, M.D., Professor of Physiology and Pathology in the Medical College of Virginia. Philadelphia: J. B. Lippincott & Co. 1882.

At such a time as this, when in this part of the world quinine is so freely prescribed by the medical profession and the laity for almost every disease to which man is liable, a work like this is especially fit, and should be honored by a large number of readers.

The book opens with a few general remarks on diversity of views held by various authors and physicians relative to the action of quinine, and gives a short historical sketch of the discovery of the alkaloid. This is followed by a number of detailed experiments demonstrating the effect of the drug in varying doses upon animals. Next its effects on man in health are considered, and lastly, its effects on the human organism in disease are elaborately discussed.

One of the main arguments of the work is that quinine must be ranked among the sedative or so-called antiphlogistic remedies, reducing the pulse and lowering the temperature; and a number of physiological experiments, the clinical records of not a few cases, and a large array of quotations from various medical writers are adduced in proof of the proposition. The author further claims that in large doses quinine has a marked soporific influence, and in this connection cites a case of delirium tremens in which twenty grains of the sulphate induced the desired sleep after an insomnia of one hundred and twenty hours, during which time large doses of opium and mor-

phia had been repeatedly given without effect.

That the author regards quinine as having a therapeutic range far beyond the circle of malarial affections and diseases with a malarial complication is evident, since he has much to say of its beneficent influence in many diseases of an essentially non-malarial type, such as typhus and typhoid fevers, yellow fever, scarlatina, croup, acute and chronic rheumatism, etc. If the curative action of quinine in these affections be demonstrated, the thought is suggested that in this region a diagnosis of malarial complication in diseases essentially non-malarial may perhaps be too often made by the physician, and that the quinine given, as it is daily in practice, with a view of removing this supposed complication, is really doing good by combating the essential symptoms of the affections treated. Something like this sort of teaching wandered over here from Germany a few years ago, and in the treatment of one disease, at least (typhoid fever), found many disciples. We believe that the majority of our physicians who embraced the new doctrine are to-day skeptical as to its soundness, and limit the administration of quinine in typhoid to cases in which the diagnosis between it and remittent fever is doubtful, abandoning the drug as soon as symptoms of the former fever declare themselves in unmistakable characters.

One thing is clear: In malarial regions quinine, in full doses, has a wide range of application, and is tolerated in many widely differing affections; outside of the malarial zone the drug is either never given at all, or administered with extreme caution in a limited number of pathological conditions; and it will require a formidable array of facts, derived from physiological research and backed by clinical observation, to disabuse the mind of the Southern physician of his "malarial complication," or to lead the Northern doctor to look upon quinine as anything but a cold poison, good for ague in small doses, but of doubtful and dangerous effect in the ordinary run of diseases.

The Function of the Intestinal Juice. By CHAS. L. DANA, A.M., M.D., Professor of Physiology in the Woman's Medical College of New York, etc. Reprint. Philadelphia. 1882.

This brochure gives a detailed account of a series of five experiments, performed upon four dogs and a horse. These experiments seem to demonstrate that the intestinal juice

is competent to change albumen into pectone, and starch into grape sugar, while its action upon fats may be regarded as *nil*. At least in the four instances in which the action of the juice upon fats was tested, a quantity almost equal to that injected was reclaimed after some five or six hours, and no evidence of an emulsion could be found either in the intestines or lacteals. The author has prepared a very interesting table in which his observations on this subject are compared with those of fifteen other physiologists, and by which it will be seen that his results are but confirmatory of those noted by many previous observers, so far as the action of the intestinal juice upon albumen and starch is concerned.

As to the action of the juice on fats there seems to be much difference of opinion among the observers named by the author. Among the nine who experimented with fats, five found emulsions, and four reported fats as unaffected. This gives the author the tie vote, since his experiments force him to cast it against the emulsion clause. He says, "We may be asked to explain, if the intestinal juice is inert, how is it that when the pancreatic duct, or when the pancreas is diseased, there is not always a fatty diarrhea, or much fat in the feces? To this it may be said that in warm alkaline fluids neutral fats may develop *acids and become emulsified*."

The Multum-in-parvo Reference and Dose Book. By C. HENRI LEONARD, M.A., M.D., Professor of Medical and Surgical Diseases of Women, Clinical Gynecology, Michigan Medical College. Popular edition, price 30 cents; in cloth, 75 cents. Detroit: The Illustrated Journal Publishing Company.

This little work, like many others by the same author, is a compilation from various sources. It contains a full posological table of not only standard medicines, but of the latest preparations, and new remedies as well; some very simple and practical directions for changing the English dose system into the metric; remarks on pharmaceutical preparations; a list of incompatibles; a chapter on poisons and their antidotes; general chemical tests; directions for urinary analysis; some valuable suggestions relative to obstetrics; visceral measurements; a number of paragraphs giving the essential points in the differential diagnosis of the exanthemata; pronunciation of medico-biographical names; a table of fees for the physician and surgeon; "Short Stops," de-

voted chiefly to directions for the management of emergency cases; a comparative table of weights and measures; a list of abbreviations; rules for pronunciation; rules for genitive-case endings, and a paragraph giving the number of drops in twenty minims of the chief fluid medicaments. All this varied information is condensed into ninety-nine pages, 16mo.

The general practitioner will find the book a valuable addition to his pocket outfit; but we sincerely hope that the medical student may be induced to let it alone. The author's motto, *Μέγα βιβλίον μέγα κακόν* ("A big book a big evil"), although said by a poet who had probably served many a weary year as a scribe, is not true. At least the author's own experience would seem to attest this conclusion, since by the aid of these "big evils" only is it possible to make such compilations as the work under notice; and, if we may judge from the immense sale claimed for his little books, the big books have proved a blessing unmixed to the author, who now with base ingratitude abuses them in a dead language.

Books and Pamphlets.

STRICTURE OF THE RECTUM TREATED BY ELECTROLYSIS. By Robert Newman, M.D., of New York. Reprint.

TRANSACTIONS OF THE STATE MEDICAL SOCIETY OF ARKANSAS AT ITS SEVENTH ANNUAL SESSION. Dr. L. P. Gibson, Little Rock, Ark., Secretary. Little Rock, Ark.: Kellogg Printing Company. 1882.

MANUAL FOR THE PHYSIOLOGICAL LABORATORY. By Vincent Harris, M.D. (London), Member of the Royal College of Physicians, and Demonstrator of Physiology at St. Bartholomew Hospital, and D'Arcy Power, M.A., Oxon., Member of the Royal College of Surgeons, etc.

ESSENTIALS OF VACCINATION: A Compilation of Facts relating to Vaccine Inoculation and its Influence in the Prevention of Smallpox. By W. A. Hardway, M.D., Professor of Diseases of the Skin in the Post-graduate Faculty of the Missouri Medical College. Chicago: Jansen, McClurg & Co. 1882.

LIQUOR OPII SEDATIVUS, BATTLE. By C. Lewis Diehl. Read at the Fifth Meeting of the Kentucky Pharmaceutical Association.

We hope soon to be able to present our readers with an abstract of this valuable paper.

ON THE CONTINUOUS INHALATION OF THE VAPOR OF SLAKING LIME IN TREATMENT OF MEMBRANOUS LARYNGITIS. By Eugene F. Cordell, M.D., Professor of Materia Medica and Therapeutics in the Women's Medical College, Baltimore. Reprinted from Maryland Medical Journal.

INDEX CATALOGUE OF THE LIBRARY OF THE SURGEON-GENERAL'S OFFICE, U. S. ARMY. Vol. III. Cholecyanin—Dzondi.

This is the third volume of a work of which every American should be proud, and for which every medical scholar will be thankful.

THE MALIGNITY OF SYPHILIS. With an Analysis of Four Hundred and Fifty Cases of the Disease. By L. Duncan Bulkley, A.M., M.D., Attending Physician for Skin and Venereal Diseases at the New York Hospital. Reprinted from the Transactions of the Medical Society of the State of New York. New York: G. P. Putnam's Sons & Co. 1882.

LIFE OF JOHN M. BRIGGS, OF BOWLING GREEN, KY. By W. K. Bolling, M.D. Reprint.

This is a beautiful tribute to a noble man. Certainly no Kentuckian can read it without being proud of his native State. Dr. Bolling's well-known ability as a writer will secure for this article a wide reading. It is pleasant to note that the venerable practitioner, teacher, and editor, writes with the same spirit and felicity of expression which were the charm of his earlier productions, while the ripe fruits of a full harvest of learning, the accumulated wisdom of many long years of observation and study, are spread before the reader in the most tempting form.

AN EARLY DIAGNOSIS OF CHRONIC BRIGHT'S DISEASE. By T. A. McBride, M.D., New York. Read before the New York Academy of Medicine November 3, 1881. New York: Trow's Printing and Book-binding Company. 1882.

This important subject is treated by the author in a full and comprehensive manner. Every symptom likely to be encountered during the initial stage of Bright's disease is carefully described. The author devotes especial attention to the appearances and changes in the urine as determined by the microscope and chemical tests, and to increased arterial tension as indicated by instruments of precision, such as the sphygmometer and the sphygmograph. The reader will find this monograph accurate in its statements, entertaining and instructive.

DE LA LITHOTRITIE RAPIDE. Par le Dr. Reliquet, Lauréat de l'Institut, Paris.

LA LITHOTRITIE DOIT ETRE FAITE SANS TRAUMATISME. Par le Dr. Reliquet, Vice-président de la Société de Médecine de Paris, etc. Adrien Delahage et Émile Lacroisnier, éditeurs. Paris, 1882.

During the past fifteen years the author has added quite industriously to the literature of stone in the bladder. The two present pamphlets strongly advocate rapid lithotomy and effectual post-operative irrigation of the bladder. He claims superior advantages for his own lithotomy over that of Bigelow, on the grounds that the calculus can be more thoroughly and quickly crushed, that no fragments can adhere to the instrument, and that the walls of the bladder can not be injured by it. The latter work is especially well written and profusely illustrated with excellent woodcuts.

L. S. O.

VACCINATION. By D. H. Beckwith, M.D., Cleveland, O. Reprint. Pittsburgh: Stevenson & Foster, printers.

DURATION OF THE PERIOD OF INCUBATION OF INFECTIOUS DISEASES. By F. Peyre Porcher, M.D., Charleston, S. C. From Transactions of the South Carolina Medical Association, 1882. Reprint.

This is a compilation from many sources of what is known relative to the duration of the stage of incubation in smallpox, diphtheria, scarlet fever, measles, whooping-cough, mumps, and yellow fever. The author believes that the profession in general, and hospital physicians, boards of health, and government medical officers in particular, should be possessed of more accurate information on this subject than can at present be found in any medical work, and has therefore prepared a table in which the opinions of the highest authorities touching this topic are brought together for comparison. The article further contains numerous extracts from well-known writers confirming the tabulated conclusions above referred to.

This is a most useful field of medical research, and one in which the author has demonstrated his ability to do good work.

Selections.

On the Management of Pruritus in Eczema of the Anus or Genitals.—By L. Duncan Bulkley, M.D., in the New York Medical Record:

The itching of these cases is often most intense, and the patient will plead that if he can only have something to stop the itching the disease will get well. And so I have repeatedly had cases where all sorts and kinds of measures had been previously prescribed with a view of arresting the itching, but in vain, whereas the case yielded speedily when complete treatment was instituted, including only very mild local measures. Quite recently a physician brought a patient in consultation, not in regard to any general management of the case, but only to have my opinion in regard to the probable utility of applying the actual or galvanic cautery to the parts to arrest the itching. And so I have had cases which had previously been given stronger and stronger local applications, with a view of checking the itching, after the failure of recognized neurotic local remedies, until the parts had been brought to a terrible state of inflammation from such applications as strong citrine ointment and the like. Now, while these may succeed in some cases in which, perhaps, a transient digestive disturbance was the starting point of the eczema, I am confident that in the main all such attempts in the way of a local treatment of eczema in these parts is false in theory and injurious in practice.

The measures which I am about to detail may be simple, but will in most, if not all cases, be sufficient as local treatment, provided that all else has been carefully attended to, as implied in the preceding brief mention of dietetic, hygienic and internal medication.

I place great reliance upon hot water as a means of relieving the congestion of the parts and the consequent itching. But the water should be indeed hot, and not warm—so hot that the hand can not be thrust wholly into it—and it should be used in exactly the manner now to be described. I speak thus positively because I occasionally hear it asserted by patients that it is not of service; and on inquiring I find that the exact rules have not been followed, or that it has been used for a longer time, or oftener than prescribed. The patient should sit on the edge of a chair and have a basin with the very hot water and a soft handkerchief in it. This latter is then picked up and held in a mass to the anus or genital parts as hot as can be borne, say for a minute, and then dipped in the water again, and the process repeated three times, the whole not lasting more than two or three minutes; too long bathing, or too frequent sopping of the part, or rubbing with the cloth, etc., makes matters worse.

Before the hot water is gotten ready, I have the ointment which is to be employed spread thickly on the wooly side of surgeon's lint, cut of a size to cover the affected parts only, and laid close by ready for immediate use. After the parts have been soaked with the hot water for the prescribed time, they are rapidly dried by pressing a large, soft linen napkin upon them, with absolutely no friction, and the already spread cloths are immediately applied, the object being to at once exclude the air entirely. Ordinarily it is necessary to use the hot water only a single time in the twenty-four hours, namely, after undressing, and when ready to get into bed. It must be premised that the patient is to so manage as not to indulge in the usual scratching before undergoing these manipulations. If this desire is given way to beforehand, the treatment will not always control it at once; but if the patient can avoid even touching the parts except as described, he or she will commonly be quite able to go to sleep immediately. I have repeatedly had those thus afflicted say that the first night of treatment was the first real rest they had had for months or years.

If the case is very severe, and if there are spells of recurrent itching, the hot water may be repeated occasionally; but it is commonly sufficient simply to renew the ointment one or more times in the day, especially in the morning on rising, without the repetition of the hot water, which latter, I think, sometimes acts prejudicially in softening the parts if used more frequently. It should be added that the ointment should always be spread on lint, and never be rubbed to the part; also, that in applying the lint it should be kept in close apposition to the diseased surface, and that by means calculated to heat the parts as little as possible; and, finally, that in renewing the dressing the fresh cloth should be spread and ready near by before removing the previous one, that the access of air to the parts may be prevented by changing the covering as quickly as possible.

The ointments employed must vary somewhat with the case, and no single one could be mentioned which would be invariably of service. That which I most commonly prescribe is made as follows:

R Unguent. picis..... $\frac{3}{4}$ j;
Zinci oxidi..... $\frac{3}{4}$ ij;
Unguent. aquæ rosæ (U. S. P.)..... $\frac{3}{4}$ iij. M.

This should be of a consistence which spreads easily and remains soft, which may be easily regulated by varying the proportion of the spermaceti in the

rose ointment or cold cream. I may add that I never employ the recent products of petroleum, cosmoline, and vaseline, as a basis for these ointments where protection of the surface and exclusion of air is desired, as they have not body enough to remain as a thick coating upon the part, but rapidly soak in and leave the parts dry and exposed.

Treatment of Yellow Fever.—From the secretary of the National Board of Health we have received the following for publication:

The United States Consul at Maracaibo (Mr. Plummer), in a recent communication to the State Department, inclosed the translation of an extract from a Venezuelan journal, the *Opinion Nacional*, of July 31, 1882, concerning the treatment of yellow fever, by Dr. Serafia Sabucedo Varela, of Havana, Cuba. The extract was referred by Mr. Hunter, Second Assistant Secretary of State, to the National Board of Health, and was by it directed to be published. The translation is as follows:

REMEDY FOR YELLOW FEVER.—The Havana newspapers which we have received to-day contain the following remarks, accompanied with high recommendations:

"*Yellow Fever.* The writer of these lines, doctor of medicine, certifies that since the 24th of June, of the present year, he has used as a remedy against yellow fever, doses of salicylate of sodium and carbonate of sodium, administered in spoonfuls, which remedies have been attended with the happiest results in fifteen cases of this deadly disease.

[Dr. Sabucedo does not warrant in any way that these remedies will be always successful, since a number of observations are necessary to determine the truth of such a transcendental fact for afflicted humanity, and he also rejects energetically every idea of charlatanism or speculation, desiring only to call the attention of his worthy and instructed colleagues, in order that the field of observation may be extended as much as possible, for the purpose of demonstrating by facts whether or not these remedies offer a veritable specific against such a formidable enemy.]

The curative system is as follows: "Before the lapse of forty-eight hours from the first symptoms, administer rapidly an emetic and whatever purgative. After these have operated, give, without loss of time, the following formulas:

"No. 1.—Salicylate of sodium.... 4.00 Gm.;
Water..... 100.00 Gm.
"No. 2.—Carbolate of sodium.... 1.00 Gm.;
Water..... 11.00 Gm.

"Commence to use these formulas as soon as the purge operates, beginning with a spoonful of No. 1, then wrap the patient, and in one hour administer a spoonful of No. 2, thus administering every hour until both formulas are exhausted. The alarming phase will then have disappeared; the patient perspires, and on the second day the fever descends to a less grade, and there is no longer danger, the patient having the assurance that he is saved.

"With this treatment it is very rare to meet with vomit, with albuminuria, or retention of urine, the symptoms limiting themselves to bleeding at the gums and nose, the blood being bright and healthy. The urine is clear and slightly yellow, and occasionally green, without precipitating, after the fourth day. It can be said that serious yellow fever transforms

itself, by this simple treatment, into a mild or abortive yellow fever, and no patient has as yet died among those treated on this plan.

"(Signed) DR. SERAFIA SABUCEDO VARELA."

"HAVANA, July 18, 1882."

—*Medical News.*

Perforating Duodenal Ulcer.—John P., aged thirty-four, a coachman, and a well-built, active, muscular man, apparently in robust health, consulted me in November, 1881, having been suddenly seized with agonizing pain in the right hypochondriac region, extending downward and to the back. The pulse was slow, of good strength; the skin cool, and in twelve hours he was free from pain. Morphia was injected subcutaneously. During the succeeding six months he had occasional attacks of abdominal pain and sickness, not, however, of such severity as to induce him to seek medical aid or to interfere with his work. While in the act of stretching himself to hang a picture, on the evening of April 23, 1881, about an hour after a meal of tea and bread-and-butter, he was again suddenly seized with the same pain as before, and when seen was in a chair, moaning, with the knees drawn up, pale, with a cool skin and a slow but not weak pulse. Bowels had acted during the day. Morphia was again injected with but little relief, and by the following evening he was in a state of profound collapse, and died in twenty-four hours after the seizure.

The abdomen was examined twenty-four hours after death. Rigor mortis complete, with great lividity of surface and rapid decomposition. On opening the abdomen, fetid gas and about two quarts of turbid brown fluid, with yellow floating shreds, escaped, and on raising the transverse colon a round perforation, half an inch in diameter, was seen in the duodenum, which was perfectly free from adhesions. The omentum had limited to some extent the spread of the peritonitis, but there was much soft yellow lymph on the liver and the adjacent bowel. On removing the duodenum, the opening was seen to have a thick rounded margin, firm to the touch, surrounded by folds of mucus membrane radiating from it.

Three years ago George S., aged thirty-six years, while jumping on the hind step of a high gig, was seized with extreme pain in the abdomen, and faintness. When seen by me he presented the phenomenon of collapse in the most intense degree, and for about six hours showed no sign of rallying. Gradually the pulse became perceptible, and warmth returned, but the abdominal pain was extreme, and for three days he lay in a dangerous state. In eight days he had recovered sufficiently to be removed to his home, a distance of some miles, and when heard of six months ago was alive and well. Previously for some months he had occasional attacks of abdominal pain, which he attributed to "cramp."—*W. Henderson, M.B., Glasg., in The Lancet.*

Burnt Alum in Ague.—Baboo Brojendra Nath Banerjee states that this is a very cheap, easily procurable, and efficient antiperiodic medicine. The value of alum is chiefly marked in cases of fever in which the attacks come on with clock-work regularity. It generally fails in irregular types of intermittent fever. Two doses are generally sufficient to complete the cure. Eight grains of burnt alum are to be given in each dose. The first dose is to be given three hours and the next an hour before the expected attack of fever.—*Indian Med. Gazette; Lond. Pract.*

Goitre.—Dr. Danon, in his *thèse* thus reviews the treatment of suffocating goitre: Medical treatment (iodine *intus et extra*) only succeeds in glandular hypertrophied goitre, and perhaps sometimes in the cystic tumor of recent date, small, soft, and superficial. When the goitre is recto-sternal mobile, the surgeon should endeavor to raise the tumor with his fingers and seek to retain it in that position by means of four pins thrust into the goitre, or by the metallic drain invented by Fauvel. This operation is termed "suspension" of the goitre. When the tumor is cystic, and does not present immediate danger of suffocation, the operator can choose between subcutaneous puncture, which is only palliative, cauterization, which occasions always great pain, prolongs the treatment, and leaves ugly cicatrices, injection of iodine, which produces for some days after a swelling of the tumor that might be dangerous, interstitial or subcutaneous injection of iodine, according to the method of Velpeau, or finally, the metallic drainage, to be followed by the elastic drainage. In *solid* goitre, after having tried internal treatment, the choice will only be left between interstitial injection and drainage. In vascular goitre ligation of the thyroid arteries might be attempted, or injections of perchloride of iron. When the goitre is cystic, and suffocation imminent, it should be tapped if it is soft and superficial, and a drainage-tube placed. If the tumor is solid, and the attacks of suffocation frequent, extraction of the thyroid gland is the only resource. Tracheotomy should be reserved for cases where the life of the patient is in immediate danger. Igni-puncture and interstitial injection of chloride of zinc have been recently employed with good results, but the cases require to be more numerous in order to be able to accept this treatment in a definite manner.—*Med. Press and Circular.*

Opening the Esophagus.—A man aged sixty, under the care of Dr. Stephen McKenzie, was referred to Mr. Reeves on account of malignant obstruction of the esophagus, and as Dr. McKenzie and Mr. Adams concurred with Mr. Reeves as to the advisability of a cervical incision, the operation of esophagotomy was undertaken and successfully completed. It was difficult to recognize the esophagus, whose walls were cancerous, and on account of their friability the attempt to secure it to the skin was abandoned and a large elastic catheter was introduced and tied in. . . . Attention of surgeons is drawn to this because it serves to dispel the belief which has hitherto existed in the professional mind as to the danger and difficulty of the operation when undertaken for stricture.—*The Lancet.*

Sulphuretted Hydrogen in Tuberculosis.—Prof. Arnaldo Cantani has been experimenting with sulphuretted hydrogen in the treatment of tuberculosis. The reputation of certain sulphur springs, as well as the known properties of the antiseptic, led him to regard the treatment as hopeful. He administers the gas partly in solution and partly by inhalation in a special chamber. He finds so far, that (1) the inhalation of an atmosphere strongly impregnated with sulphuretted hydrogen can be well borne for a considerable time by most patients, and those who find it irksome at first soon get accustomed to it; (2) the patients usually become free of fever in a day or two; (3) the local changes appear not to increase, and the cough becomes less.—*Centralb. f. Med. Wissensch.; London Pract.*

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The Iron Tonic acts on the stomach and liver, increasing the appetite, assisting digestion, building up the weak, frail, and broken down system, thereby making it applicable for dyspepsia in its various forms; loss of appetite, headache, insomnia, general debility, female diseases, want of vitality, nervous prostration or exhaustion, convalescence from fevers. It prevents impoverishment of the blood; is valuable in anemia, chlorosis, etc.

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<hr/>	
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The Spring Session of 1883 will open March 5th, and will continue until June 1st. It includes Clinical Teaching and Pharmaceutical work in the Dispensary, systematic recitations from Text-books, by a corps of examiners who have the use of the Museum for illustration, personal manipulations in Operative Surgery, Chemistry, Histology, Ophthalmoscopy, Laryngoscopy, and Otoscopy, under the supervision of Demonstrators.

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In addition to the daily College Clinics mentioned, two Medical and two Surgical Clinics will be held weekly in the commodious amphitheater of the CITY HOSPITAL.

The Professors of Clinical Medicine and Clinical Surgery will lecture in the Hospital during the session. In addition to the above, the abundant clinical material of SS. MARY AND ELIZABETH HOSPITAL is at the command of the University Faculty.

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A Post-graduate Course has been organized by the Faculty, which will follow immediately upon the winter session and continue six weeks. Special instruction will be offered to practitioners in various departments of medicine and surgery.

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